

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>07/17/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>19W</i>	<i>32</i>	<i>7/21</i>
FORMALITY REVIEW	<i>C.Y.C.</i>	<i>50530</i>	<i>8-23-00</i>
RESPONSE FORMALITY REVIEW	<i>JUL</i>	<i>67718</i>	<i>10/11/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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